The fuel activity information contained in this form must be filed electronically. To view the information you must provide, go to the next page.

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VIRGINIA FUELS TAX IMPORTER'S SCHEDULE OF DISBURSEMENTS

Department of Motor Vehicles Tax Services P.O. Box 27422 Richmond, Virginia 23269-7422

Read the filing information and instructions on the back.

Schedule Number

GRAND TOTAL (all pages)

| IMPORTER INFORMA | ATION | | PL | EASE PRINT IN | I INK OR TYPE | | | | | | |
|----------------------------|--|-----------|-----------------|---------------------------|--------------------------|-----------------|---------------|--|----------------------|-----------------------|--|
| Name | | | | | FEIN/SSN | | | R | Report Month/Year | | |
| PRODUCT INFORMA | TION Check applica | able box. | (Complete separ | ate schedules for | each product type | e you receive.) | MOD | DE OF TRANS | PORTATI | ON CODES | |
| ☐ 150-#1 Fuel Oil | ☐ 122-Blending ☐ 123-Fuel Alcohol Components | | | I ☐ 142-K | 142-Kerosene | | | J - Truck PL - Pipeline B - Barge | | | |
| ☐ 125-Aviation Gasoline | 228-Diesel-Dyed | | 124-Gasohol | ☐ 175-R | ☐ 175-Residual Fuel Oils | | | R - Rail ST - Stationary Transfer | | | |
| ☐ 130-Aviation Jet Fuel | ☐ 160-Diesel-Undyed | | 065-Gasoline | ☐ Othe | | | S - Sh | nip BA | A - Book Adju | stment | |
| | | | | | Product Type | | | | | | |
| PRODUCT DISBURSI | | | | | | | | 1 | | | |
| 1 Carrier's Name | 2 Carrier's FEIN/SSN | Mode | Poir Origin | 4 nt of Destination | Purchase Name | | er's SN | Date Shipped | Docume Numbe | ent Billed Gallons | |
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| | • | ADDIT | IONAL LINES | ON BACK | 1 | 1 | T | OTAL (this page | e only) | | |

VIRGINIA FUELS TAX IMPORTER'S SCHEDULE OF DISBURSEMENTS

PRODUCT DISBURSEMENT INFORMATION

| 1 Carrier's Name | 2 Carrier's FEIN/SSN | Mode | Poir Origin | 4 nt of Destination | 6 Purchaser's Name | 7 Purchaser's FEIN/SSN | Date Shipped | 9 Document Number | 12 Billed Gallons |
|------------------------|----------------------------|------|----------------|---------------------------|--------------------------|------------------------------|------------------|-------------------------|-------------------------|
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| | • | • | | | | | TOTAL (this page | only) | |

INSTRUCTIONS

This schedule provides detail in support of the amount(s) shown as disbursements on your monthly Virginia fuels tax report.

You may submit a schedule summarizing your disbursements, which must be formatted the same as the Importer's Schedule of Disbursements. Complete separate summary schedules for each product type and group purchasers together. If you choose to submit summary schedules, you must still submit the schedules of individual disbursements.

| SCHEDULE NUMBER | Enter the schedule number for the product activity you are reporting. (See Part A of the monthly report for required schedules.) |
|-------------------------|--|
| NAME | Enter the name of the supplier as shown on your monthly Virginia fuels tax report. |
| | Enter the supplier's FEIN or SSN as shown on your monthly Virginia fuels tax report. |
| REPORT MONTH/YEAR | Enter the month and year for which you are reporting. |
| PRODUCT INFORMATION | Check the applicable box for the product type accounted for on this schedule. |
| CARRIER'S NAME | Enter the name of the company that transported the product. |
| CARRIER'S FEIN/SSN | Enter the FEIN or SSN of the company that transported the product. |
| MODE | Enter the code for the mode of transport used to move the product from the terminal. (See Mode of Transportation Codes chart on front.) |
| POINT OF ORIGIN | Enter the IRS Terminal Control Number if the product was disbursed from a terminal. Otherwise, enter the city and state where the disbursement occurred. |
| POINT OF DESTINATION | Enter the IRS Terminal Control Number if the product was received into a terminal. Otherwise, enter the city and state where the product was delivered. |
| PURCHASER'S NAME | Enter the name of the company that bought the product. |
| PURCHASER'S FEIN/SSN | Enter the FEIN or SSN of the company that bought the product. |
| DATE SHIPPED | Enter the date (month, day, year) the product was shipped. |
| DOCUMENT NUMBER | Enter the terminal manifest number, pipeline/barge ticket number, or bulk plant withdrawal invoice number. |
| BILLED GALLONS | Enter the total number of gallons billed. |
| TOTAL (this page only) | Enter the sum of these columns for this page of the report. |
| GRAND TOTAL (all pages) | Enter the sum of these columns for all pages of this report. |